

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DP</i>	<i>32</i>	<i>6-20-01</i>
O.I.P.E. CLASSIFIER	<i>DP</i>		<i>6-20-01</i>
FORMALITY REVIEW	<i>CC</i>	<i>1091</i>	<i>8-10-01</i>
RESPONSE FORMALITY REVIEW	<i>CC</i>	<i>56114</i>	<i>10-11-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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6	
7	✓
8	✓
9	✓
10	✓
11	✓
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13	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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